



## Certification Recommendation

**CLAIM #:** 040519008736  
**DOI:** 02/15/2019  
**CLAIMANT:** Jonathan Shockley  
**CORVEL #:** 139249073-UMO-6

**INSURED:** Biotelemetry, Inc.  
**CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /  
**ADJUSTER:** Mario Castro

**Determination Date:** 11/04/2019  
**RFA Received Date:** 10/29/2019  
**Provider:** Babak Jamasbi, MD  
**Pre-cert #:** 139249073-UMO-6  
One Call PT / OCM  
Phone: 866-389-0211  
Fax: 904-998-0299  
Email: PT@onecallcm.com  
Online: myeasyreferral.com

**Network:**

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 11/04/2019 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	12	0	0	Left - Hand, Right - Hand	97813, 97814, 97026, 97124				
Certified	Acupuncture	12	0	0	Left - Hand, Right - Hand	97813, 97814, 97026, 97124	11/4/19	5/4/20		
Requested	Other - Massage therapy	6	0	0	Left - Hand, Right - Hand	97124				
Certified	Other - Massage therapy	6	0	0	Left - Hand, Right - Hand	97124	11/4/19	5/4/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.



Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Wendy Judd, RN  
Utilization Management Department  
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

**\*\*NOTE\*\***

**Please attach a copy of this recommendation letter  
with your bill; otherwise, payment may be  
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.*



**ELECTRONIC PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5<sup>th</sup> Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On November 4, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Executed on November 4, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script, appearing to read "Linda A. Grant", written over a horizontal line.

Signature

File: 139249073 **Shockley**



**PROOF OF SERVICE BY MAIL**

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On November 4, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Executed on November 4, 2019 at Milwaukie, OR 97222.

I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.



*Becca Guimont*

Signature

File: 040519008736, Shockley Jonathan